

FORM DS-10 2-10-47		DEPARTMENT OF STATE		E 1/26/56	
REFERENCE SLIP					
TO [REDACTED]					
C. I. A.					
<input type="checkbox"/> ADVISE <input type="checkbox"/> APPROVE & RETURN <input type="checkbox"/> AS YOU REQUESTED <input type="checkbox"/> ATTACH FILE <input type="checkbox"/> ATTENTION <input type="checkbox"/> COMMENT & RETURN <input type="checkbox"/> CONSIDER <input type="checkbox"/> COPYING <input type="checkbox"/> CORRECT <input type="checkbox"/> FILE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> FOR YOUR INFORMATION <input type="checkbox"/> HOLD <input type="checkbox"/> INITIALS NEEDED <input type="checkbox"/> INSTRUCT <input checked="" type="checkbox"/> INVESTIGATE & REPORT <input type="checkbox"/> JUSTIFY <input type="checkbox"/> KEEP ME ADVISED <input type="checkbox"/> LEGAL MATTER <input type="checkbox"/> MEMO REQUIRED <input checked="" type="checkbox"/> NOT INTERESTED <input type="checkbox"/> NOTE & DESTROY <input type="checkbox"/> NOTE & FILE		<input type="checkbox"/> NOTE & FORWARD <input type="checkbox"/> NOTE & RETURN <input type="checkbox"/> PER TELEPHONE TALK <input type="checkbox"/> PREVIOUS CORRESPOND. <input type="checkbox"/> PRIORITY ACTION <input type="checkbox"/> RECONSIDER <input type="checkbox"/> RECOMMEND ACTION <input type="checkbox"/> RECORD <input type="checkbox"/> REPLY <input type="checkbox"/> RETURN TO SENDER <input type="checkbox"/> REWRITE <input type="checkbox"/> SEE ME <input type="checkbox"/> SIGNATURE REQUIRED <input type="checkbox"/> TAKE ACTION <input type="checkbox"/> TRANSFER <input type="checkbox"/> TYPE <input checked="" type="checkbox"/> VERIFY <input type="checkbox"/> REPLY FOR SIGNATURE OF			
REMARKS:					
Twenty-three stideoo! (SMB)					
FROM ECI - G. Tuckerman					

25X1A9a

TRANSMITTAL II		
25X1A9a (Date)		
TO [REDACTED]		
BUILDING	ROOM NO.	
REMARKS:		
Put this in EDAC WG III for		
25X1A9a		
FROM: [REDACTED]		
BUILDING	ROOM NO.	EXTENSION

FORM NO. 36-8  
SEP 1946

16-65268-1 GPO